U.S.-Department of Loor Office of Labor-Managemen, Standards Washington, DC 20210

For Official Use Only

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approve Office of Manager and Budget No. 1215-018/ Expires 11-30-2

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Cove ed From:		
004 Through: 42/31/2004		
4. Name, file number, and address of labor organization.		
Name Local FA-28A, AFL-CIO		
Labor Organization File Number 0/3369		
P.O. Box, Building and Room Number, if any		
		t29th st
VK		
ZIP Code + 4 / 00/6		
nomic benefit of seeking to represent.		
setion, or meeting.		
. Amount.		
e i		

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represents my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

DATE

PRINT NAME

SIGNATURE